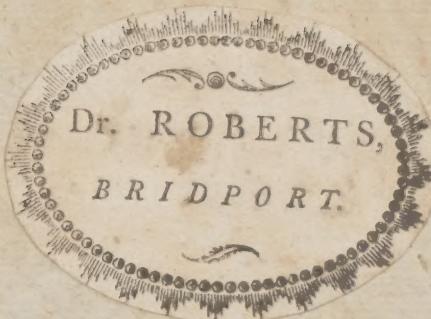


Lectures

in 1795

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Delivered by Dr Haughton
And
Taken down by Giles Roberts.

Lectures on Midwifery.

COURSE 1st

The pelvis is the first thing that Engages our attention in learning midwifery and there are two considerations on the pelvis first on the Dry pelvis secondly on the Recint pelvis, there are many observations on the dry pelvis as here are 14 for Inspection the pelvis is the foundation and support of the Uterus through the knowledge of which you are informed of the passage of the Foetus, and by measuring it in Different directions you find the length and width, Now the recint pelvis is when it has the ~~ligaments~~ ^{muscles} ligaments &c we are chiefly to regard the female pelvis which are of Different dimensions now that most proper to be taught by is a standard pelvis and measures four Inches from pubis to Sacrum & five Inches from Ilium to Ilium.

Now the medium pelvis is between the largest and the
 smallest which is taken out of a hundred Eighty of which
 there was but very little difference about the eight of
 an Inch or less. The pelvis has two parts the upper
 and lower or true part as when we say a Child has
 Entred the pelvis it is meant in the lower part or
 Lower pelvis. In infants the Osse inamonata is com-
 posed of three distinct bones Viz the pubis Ischium &
 Ilium. Now in the foetus the pelvis being so formed
 that the Cartilages gives way and renders the Dileve-
 ry easy, in breech presentations. There are three other
 parts in which the pelvis is Divided Viz the brim is
 formed by the line inamonata, the cavity & outlet or
 Exes pelvis, the brim of the pelvis is sometimes so sharp
 that the Uterus pressing on it becomes painfull the
 Woman Expresses her pain on the share bone. The best
 method is a bandage to keep up the Abdomen.
 The pelvis would be of an Oval if it was not for the pro-
 berance of the basis of the sacrum so if the labour is
 Natural the long Axis of the Childs head will fall into
 the Long Axis of the pelvis but if on the contrary the

Long Axis of the



Long axis of the Head should fall on the short axis
of the pelvis which you may easy turn with your fingers
by passing them immediately under the pubis and
when the Head is got in the Cavity it takes or must
be assisted in a turn with the face to the Sacrum
that being the Largest Cavity and then the Child is
ext under the pubis the whole forming a Curve line
or the brim or Enterance of the pelvis when the Childs head
comes even with the pubis the foreparts then can be made
use of and not before { or the Vagina }

xxxxx 2nd Day xxxx

A pelvis may be very small and be the cause of labo-
rious labours or it might be made in just proportions,-
Now a Deformed or Distorted pelvis have three proper-
ties, Loss of figure property & Beauty, Deformity -
Consists in general, before backwards that is the lower
Vertebral Lombarium joining to the basis of the sacrum
projecting forwards that makes a small Distance
between os sacrum and the pubis or the Deformity
may be from side to side the pubis approaching

Each other in the form of an Angel or the pubes sometimes is verry flat as it were push'd toward the Sacrum and renders the passage verry narrow and of Course Dangerous & Difficult Labours, now amongst a number of pelvises some will be deformed and the brim is also deformed now deformity at the brim which will obstruct the Childs passage or in other words obstruct the child in passing it is known by the Elongation of the Childs head by being press'd through the Brim it takes sometime for the pressure to muddle the Head by the sutures Colapsing or Riding over each other that it might receive the long or flat form by these appearances you may judge it to be a Labourous labour there may be a crooked spine without a deformed pelvis but when the spine bends in and the loins much forward it throws the Vertebrae in the pelvis now the Rickets often deform the pelvis by the bones in their youth being verry soft not able to walk by continual sitting now if you see a woman who throw herself first on one side and then on the other

To get forward or waddles along you may be assured she has a Deformed pelvis from Pickets &c There has been Different methods purposed for measuring the pelvis The best is to introduce the middle finger under the pubis to the base of the sacrum and you will feel where the pubis touches the Lower part of the fore finger near the Neck of the Thumb and measure that Distance and that will give you how many Inches it is from the pubis to the sacrum if the pelvis be Deformed in Approaching as an angle you may judge how much by Introducing your three fingers Under the symphysis pubis and if you find them lay Even there is no Angel but if an angle they will Ride each other that is over one another, if Deformity in the out Let you will observe the process of the Os Ischium approaching each other Angel ways Now these Inconveniencies in the pelvis Cause laborious labours but it often happens through strong pressure the Childs Head will much Integrate and press through a small pelvis Suprisingly, for at times Nature will perform wonders

3rd Day

The Calamities of a deformed and narrow pilvis being treated off we now come to Consequences attending a large or verry large pilvis, sometimes when so Large it has been known that the Child has been Dilivered at one pain it has happned that a woman walking across a room and the Child Dilivered at once and by tearing away the placenta bad consequences may arise it Happens sometimes a woman has been Deceived by labour pains for an Inclination of going to stool from the Head of the foetus being prest on the Rectum which will excite that Irritation, this must be Considered for a Child being Dilivered in this way in a Nessary has been the Cause of much inquiry and no body thinking that it was the Consequence of a large pilvis this terminates verry Unhappily particularly if the woman is not married, because the Child being Dead it may be thought she Did it on purpose now in this Case we suppose the parts Ready for Dilivery now in case the parts are not the Uterus may be forced Quite out particular if the Child is small from the Uterus not

being delated if you should find the womb bearing
Downe in the pains and not sufficiently delated you
must desire the woman not to bear Downe, and you
must yourself bear against the Uterus and keep it up
Untill it is dilated, supposing the womb is Dilated
the External parts might be very Rigid and the child
coming Downe with violent force through the pilvis
being large may violently ^{the} lacerate perianum.

which you must endeavour to prevent, this shows how
Necessary it is to go immedately when Call^d?

The male pilvis is Next to be Considered the Distin-
ction between the male and female pilvis is that
the male is larger and may have the bones more
Substance and is not Oblong from Ilium to
Ilium, the Acetabulum is Larger and Closer
together likewise the sacrum is more Curved but
the most particular is the Arch of the pubis being
Closer together likewise the sacrum Curved but the
most particular is the Arch of the pubis being
Closer the pilvis Not spreading so much in men
as in Women, men in general have more breadth

8.

At the Shoulders, it is necessary to know how the Body bears in different situations or states of pregnancy now a line through the pelvis will strike the Navel so it appears as pregnancy advances the pelvis goes back and the navel rises. This situation must be known as you may be mistaken in taking the Sacrum for the Head of the Child, &c. The child can only pass through the pelvis three ways Viz the Head the feet and the breech. There are a variety of different pelvises and the medium termed standard so are the heads of Children of different dimensions, but with management and knowledge a head exactly fitting the cavity of the pelvis will go through easy.

In the explanation of presentations Authors have been very complex. Now the Vertex may be presented Centrally in the cavity, but in many situations which has been call'd all presentations in breech and face case they are subject to many situations, the most favourable is when the Vertex presents in a line with the Occiput on the Chin first on the breast, as this is the Most favourable situation?

14 July 1888

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Presentations has often been confounded with situations now the general presentations are three as Virtua the
air and the water yet they have all their situations
as the long axis of the pelvis head may rest on the short
axis of the pelvis and may happen not exactly across
water ways which takes the quarter turn for the Head
to be in the Right Situation now the long Axis of the head
falling into the long Axis of the pelvis and as the Child
descends nature gives the head a quarter turn with the
face into the hollow of the sacrum which is the most
favourable presentation it must be observed that the
long Axis of the pelvis is from side to side in the
brim but in the outlet or lower part the long axis
is from sacrum to pubis, which from the first
situation wants the quarter turn to place it in the
second situation that is the Head; when the face
presents it is generally a long and tiring
labour the Head of the fetus and the bones of
the pelvis not agreeing in that situation
as some parts of the Head will be much pressed

The Head bearing on different points as upon the head
in the pelvis leaves much Room and renders it a long
laborious labour. Likewise when low Downe the vertex
will press and bulge the perineum and rectum
which when the Child is large Endangers a laceration of
the perineum now if you would knowe certain that
the laceration is by the Vertex being retained and you
cannot pass your finger to assist pass the labor and
Draw the vertex Downe and Delivery will be in the
Natural way, but you must be well informed and
Certain of the presentation and situation for if you are
certain the labor on the Chin you Draw it downe &
certainly make a fair case if a child might be born
in that position but requires much time, but if you are
certain of the position you may try to bring the Vertex
Downe with your fingers or labor now so bring the vertex
Downe it is said you must Raise the Chin up which
is done by Depressing the Occiput as Drawing the vertex
Downe raises the Chin close on the breast which situation
favours the Delivery There is a situation to be avoided
Care when the forehead presents which you will

Distinguish by feeling the Eyes and Nose on one side and the great Fontall and sutures on the other side this presentation mostly turn to a vertex or face Case, if the face is to the mother's side it must come under the arch of the pubis you must well inform yourself how to Distinguish what part of the Head presents now the Longest line that can be drawn is from the vertex to the Chin that is through the Child's Head and the shortest is when the Chin is prest on the breast to the Occiput which shows when the Chin is prest on the breast it is the most favourable situation for Dilevery the bones of the Cranium ~~the~~ in an Infant twelve which shows how much the Cranium will Compress when there is violent force Likewise attention must be paid to the sutures to judge what part of the Head presents as the parietalia bones are joined to the os frontis by the suture coronalis and the parietalia to one another by the suture sagittalis and to the Os Occiput by the lam socalis and to the Oss Temporum by the suture squamosae, the great fontall which likewise is to be.

above the present original coronal suture and
 which forms the great fontale and is larger in some
 children than in others. The small fontale is where the
 Sagittal ends, and the Lambdoid goes across that
 joins the Occiput to the parietalia, by knowing the exact
 situation of the sutures & fontales will lead you to the
 knowledge of the situation and presentation of the head
 now when there is a Hydrocephalus the whole length of
 the suture Sagittalis will be open one or two fingers
 breadth and you will feel a fluctuation of water which
 if it should hinder labour there must be a puncture
 made in the Head it has burst before now by the Cranium
 being Compreſſed in the Vagina. ——————
 you must distinguish the different presentations by
 feeling and touching, as when the Virtus presents you
 will feel the great fontale Coronal & Sagittal sutures
 if the face the prominent parts as the Eyes nose and
 particular the mouth if the Back the process vertebrae
 if the shoulder is hard preſſed in the pelvis it will
 be hard to distinguish but you must feel for the arm
 Now when the Head enters the pelvis to distinguish

the situation you must feel for the Ear the mouth 12
and flat of the Ear will be towards the face the cartilagi-
nous or flap of the Ear will be towards the back part
of the Head if you cannot feel the Ear the great for-
taneal and vuture to the side you named will inform
you which way the face is and how the Virtue is situated
and now if you should find the great fontaneal on one
side and the face on the other you may suspect it to
be a forehand Case so it will be better for you not to
give your Opinion how the Labour will be until
you are acquainted with the situation of the Head

5 Day
In the recent joints with its Contents the first thing to
be considered ligaments which joins the bones together
where muscular force has not been given,

The ligaments are generally elastic and the ligame-
nts of the pelvis are of this sort: the sympheses pubis
is lined with a Double Cartilage and there is a cre-
vice between them and sometimes a cavity which has humili-
fied and has formed which has Destroyed Cartilage
and bone much pain and great lameness and it

Last Destroyed the woman w^{ch} in the formation
of these tumors in a preparation it has been
supposed that the ligaments of the pelvis were moveable
it is necessary in labour, but our professor Dr Heightham
cannot think so as the Conscience of ever stretch^g.
Ligaments in Labourous Labour has been so great
that the woman has been confined to her bed for over
five months and a long time before she could walk
it is cured by bandage with straps & buckles in the
form of a waist band of a pair of crutches & brace bound
the ^Woman for some months, the muscles adjacent to
these parts ought to be considered in their acting as
exciting powers & their muscular force in expelling
the fetus the nerves likewise must be considered the
Crural or former nerve which come out of the foramina
of the Posterior sacrum and go to the brim of the pelvis
into the thigh the Sacral nerve come through the
different foramina and runs in one large nerve
and goes down the thigh by the back of the pelvis
and when this is pressed on the child it causes great
pain down the thigh & causes the Cramp or spasm

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Likewise instruments if not Rightly Used cause the
same Complaint as cramps or spasms the Nerve Artrey
and vein pass through here to the thigh and sends
branches to the Uterus & Bladder, now the coats
of the veins are thinner then the coats of the Arteries
and Conveniences Receive the treasure sooner & the
blood is retarded in the Lower Extremities and pressed
into the minutest vessels and the lymphha is exhal'd or as
it were by fusion press into the Colluk^{ar} membranes of the
lower Extremities & cause Oedematus swellings in the
Legs before labour, likewise the Lymphatics are obstr
ucted which may at this time cause the piles,
the Contents of the Bladder and Rectum obstructed
the continuance or Incontinuance of urine by these parts
being press'd.

. 6th Day

The parts of Generation are next to be Discribed in the
irst place they are to be Divided in two parts internal &
External the external are those that appear vizitt to
the eye that is the mons Veneris labia pudicæ Nymphæ
Uteris & Vagina strivium the lowest Extremity and

of the labia pudenda and joins to the perianum
the mons veneris is more or less covered with fat when
subject is inclined, these parts are liable to diseases
which call for the assistance of the practitioner in
Midwifery, an Inflammation Deep Internally from
Mons Veneris with shooting &c indicates that there
may be a Cancer, sometimes there is another disag-
reable Complaint, of great Itching with little Complaints
this sometimes symptoms of worms and sometimes from
Apparant, the King Cerusa Cambh, will give relief
sometimes arises from the stone symptomatic, the
labia pudenda is subject to Disease and malform-
ation as cohesion of the labia which must be separated
the labia kept from coming together as it will add-
more and grow neather again, as generally happens to
children, the labia pudenda is subject to irritation which
must be relieved by bandage sometimes the labia is una
various Eunctus exudation from the surface on the
external line veins there is seldom any occasion for
junction for being supported with light bandages and
compression the labia macer or want sufficient tissue

Labour, these parts are subject to tumors from extravasated blood from falls and bruises if a mixture is made while the blood is fluid it will immediately discharge if the humor is small and no puncture the absorbents will take it up by the help of Astringents, but if the Coagulum remains inviolate it causes Inflammation suppuration and so forms an Abscess & then Use poultices & Treat it as such
(sometimes this happens from Labourious labour)

The Cervix is composed of theplexus of membranes, reticulus which is full of blood vessels & the Corpus, cavernosa which join together and is cellular as we see by this dissected preparation the Nymphæ is a fold of the ligaments sometimes they are supernaturally Large, then it is necessary to Exaggerate it it maybe subject to Disease and a tumor,

The Urethra is next to be taken notice off- and you must be particular attentive to its situation that you may know accurately how to Draw of water with the Catheter a woman with Child Sent for a man midwife Draw of her water he introduced the Catheter into the Vagina and broke the membranes of the foetus and

Thought it was the Urine, you must know the-
situation that you may introduce the Catheter by feeling
and not expose the woman, for by this you are liable
your self to be exposed, and some practitioners have intro-
duced the Catheter into the Vagina for want of know-
ing the situation of the metus Urinæ?

Rules to find it. Brethren some people have thought
it and made a practice of it by introducing the fin-
ger or Catheter close under the pubis you would find the
orifice others have felt for the Orifice of the Vagina and were
introduced a little above that is the easiest way to find them the
urines between both you meet with obstructions that renders
it difficult to incise and in this way to
feel for the Clitoris which you may distinguish
then pass your finger Downe one Inch below from the
Clitoris and you will feel the Orifice of the Metus Urinæ
then with the other hand take hold of the Catheter between
your thumb and finger and holding it ^{not} if you pass it gently
Insinuating it about and it will slip into the Orifice
the situation of which we see in different preparations

Retention of Urine often Happens to women in pregnancy when Urine is confined in the bladder too long and the retention is great the mark of the retention will be febrile or easier, symptoms and if there is no help and the accumulation & Constriction goes on & the symptoms increase, as the bladder cannot increase for ever ad infinitum it must of course burst, (as we see in this preparation) & although there might be a dribbling away of Urine continually remember evacuation is done in an instant in the bladder and will fill the bladder faster then the dribbling.

Evacuates, you must be more suspicious of much water retained in the bladder when the woman tells you that it is continually coming away if you find it necessary introduce the catheter and draw of the water, Impression of Urine often Happen to women in pregnancy and commonly in the third month as the Uterus is about to rise out of the pelvis and press on the neck of the bladder, so that it often happens that women want their urine drawn off at this time when the Uterus is risen out of the pelvis the pressure will be taken off

when Impression comes on through Inflammation which
you must Distinguish by symptoms, Use Catharticks
bleeding bladders of warm water applied to extended region
of the abdomen, in this case if necessary to Draw of the
water a small Catheter will be best which you must pass
in the most gentle manner minuanteing it in by Segments
Holding it slight between your finger & thumb feel
as before Directed and it will Drop into the Urine
Orifice, sometimes spasms cause suspension of Urine
Bladders of warm water Roppi Glycérin with Right & Left &c
as Urethra is not long so the Catheter need not be long
and the Curve but slight a number of small holes on
the side is better then one at the End when you have
Introduced it withdraw the skillet, and the Urine will run
The possession of the woman must next be attended to
she must sit in the Edge of the Bed a little Reclined back
wards and the Thighs Drawn up a little then with your
Hand and one finger feel for the Clitoris and that will
Direct you to the Orifice and with the other Hand Gently
Introduce the Catheter, if the Distention of the Bladder
should appear like a Dropsey which have Deceived, warm

Practitioners who have purched the Bladder taking
the humor for a Cystitis, striking the puncture with
a hot shot, some women who would wish to conceal
their menses will make it appear to you that they are
Dyspepsic which you may Distinguish by pressing
your hand on one side of the Uterus and striking on
the other side you will feel a fluctuation of water
you find it a suppos'd Organ to urine into the
neck of the Bladder, sometimes the Loss of the power
of Incontinence is so great that there is a constant com-
ing away of water the tone being lost through pressure
and Extension of the Bladder & its Neck, sometimes this
this incontinance of Urine through pressure the parts
becomes numb or Dead, and a disposition to slothing
as mortification by Loss of substance, when the Tonic
powers are much Dibilitated, a blister applied to the
Sacrum has been of use A Canthi taken Inwardly to
bring on a Tranquillity as you may see in a very rare
The Cold bath or any thing of an Astringent quality,
Varuncle Myrtiformes supposed to arise from a reuptus
in Hymen, but Denied by Baron Haller, but we see -

them in Different preparations, they may be morbid or relaxed, the Hymen is frequently found in Children and some times in adults (as we see in Different preparations) some are circular others like a half moon & one is a circular folding of the inner membrane of the Vagina and in adults some are semi circular, sometimes it is so large as to fill up the whole passage of the Vagina entirely and is called an Improportioned Hymen & is not known sometimes till the Menstruation want to evacuate which you will observe by the fullness of the breasts and symptoms attending and no Menstrual Discharge then you may suspect an improportioned Hymen and if you are permitted to examine you will find it like a little bag of water protruding sometimes below the clitoris and if so it must be punctured, and in general there will be a considerable quantity of Lymphatic Blood Discharged to the quantity of a Quart or two.

www. 8th Day www

The Vagina is a long & rather flattish canal which reaches from the vulva to the uterine mouth of the womb and is larger in some women then others situated

between the Bladder & the Rectum the Internal membranes of some are full of rugae or plaits and particularly in the fore part in some they are fainter and in gestation dilated (as we see in a great Number of preparations of the internal parts of the Vagina) the principal use of these rugae is to allow the Vagina to expand in time of delivery, it is to be observed that the Vagina is narrow at each End and wide in the middle, which shows that in introducing a passary that it should go in tight the Vagina is subject to Disease excretions or disorders in General Complaints which might not be so Large as a Sixpence but when hast in Labour will be as large as half a Crown which shows what might happen if there are disorders the Vagina is subject to inflammation or ejaculations which you may know by the heat itching and smarting of the parts, if a dull and quick pain administer proper laxatives and cooling Quaphonicks Alberyzine, if the pain is soe Bark or Corollerants Chamaticks &c but if full quick and hard with shooting and throbbing motion you may

Every woman then soon incurre
suppuration as when the inflammation is past
Resolution, there will be a slothing of the
supplicated parts and sometimes a mortification
takes place, — but when the parts are disposed
to heal an adhesion of the membranes takes place
if not timely prevented by introducing some soft
body the figure of the part such as some soft Lint call'd
a or Pago &c. the Uterus is situated between the
Bladder and the Rectum not to the right or left
and the Rectum behind, the Uterus is subject to many
accidents and the worst of all Disorders the Cancer
Likewise the prolapsus Uteri, is when the female
Uteri appear below the Os Externum if it protrudes
lower it is called procidentia Uteri, the figure of the
Uterus by some is compared to a wine flask flattened
before and a little Convex on the Hind part the Bladder
pressing it before causes it to be flat but the pressure
of the Rectum not being so much so that it gives its
Convexity on the Hind part the Uterus is Divid'd
into three parts Viz the Mouth the Neck & the fundis

or bottom of the womb though this part is uppermost
the mouth of the womb is call'd in different Names as
Os Vincæ Os Uteri Os Internum, Os Extumam or the
mouth of the Vagina or the Entrance of the Vagina
to the Os Uteri, it is to be observed that the Os Uteri
was not always the same Characters but the most comm-
on appearance is a Tuberculæ projection like the
end of the Glass funnel sometimes the mouth is
wide or Oblong at other times have two or three lips
as we now see in Different preparations which
shows a great variety in Nature in forming the Os
Uteri. When it begins to concern the womb it is
a lame, heavy and forcing pain and no menstrual
Discharge, she has a Discharge she calls the whites
which if you examine may be a scaldinginous or purgative
you may then suspect a Cancer, If you examine the
Os Uteri you will find it rough and gaged and the
Vagina likewise then the Complaint is in an advanced
state, and at this time they cannot kick their Urine
by the parts being Divided and Detengt to one Now the
most that can be Done is to palliate by injections

Lice Sat. in Barley-water & Internally of Poppy seed
This Disorder Baffles all art and nothing can be done
but palliatives to be given as temporary relief

XXXXXX 9th Day - XXXXXX

A pollypus ought to be known and Distinguished,
this disease can be better spoken of than a cancer as
it will admit of cure. This is an Excrecence growing
from the membranes internal either from the mouth
Neck or body of the Uterus its origin is small but in
the course of time projects through the Os Uteri like
a tongue projecting through the mouth and so increases
to a very large size and has the appearance of a dry
flour (as we see in many preparations) sometimes
there arises from the substance of the womb turbidles
and when they project from the surface of the membrane
are call'd venous turbidles which were in preparation
the attachment of the pollypus or in different parts of
the Uterus in the body neck and mouth those that
are attached to the body you distinguish as to pass
your finger round it in the neck of the Os Uteri in general
it grows gradually and at other times makes its appear

ance quick but practitioners have taken it for a abortion
of the womb for sometimes they grow to a large size in the
Uterus that by sudden shocks it has protruded into the
vagina at once, a pollypus has Arteries & veins and they
being press'd by the Os Uteri becomes carious and bleed
very much, which forms Coagulum which is painful
in coming away when the pollypus is attached to the mouth
of the womb you cannot distinguish the Middle or male
neck of it from the Neck of the Uteri as by its weight it has
drawn the Neck of the womb to the External part through the
Tunica, so distinguish between a procidentia Uteris and
a pollypus, the procreased uterus is larger at the End &
a pollypus is smaller you must be certain that it is
a pollypus that you do not take any part of the uterus up
in the Ligature Dr Hunter pass'd a ligature over a pollypus
and Inclined some part of the Uterus by the weight of this Excre-
mec Craging Downe the mouth which gave the woman great
pain and she Died, which gave Dr Hunter great concern
and from that time he advises never to make a ligature
without finding the mouth of the Os Uteri the Cure is easy
when you know the situation of the pollypus xxviii

11. Tying a ligature over it and Drawing it tighter every Day until it drops off. There are Different Instruments for this purpose of making the Ligature ones is two pipes made of Silver and joined together (as in the margin) with a silver-wire passing through it which must be annealed and so Draw the wire tight and twist it every Day another Instrument for this purpose and which Dr. Neighton Recommends in preference to the tubes (which see in the margin) the internal cavity of the Uterus is Triangular and in the neck a kind of valve or rugae called arbor Ute. some have thought this to be the seat of the flour alba the internal membrane of the womb is smooth and in the Virgin state hardly any cavity to be perceived except a small longitudinal one that just admits of a bristle as we see in preparation Dr. Hunter & Lowder both say that they could never distinguish a flour alba from a gonerrea only by the woman's moral Character there is a sacroventer⁵ Sympaetus of the womb which seldom happens it is a wind in the Uterus

12. A Reversion of the womb seldom happens but immediately after Delivery, and when it Does happen it must be returned.

the
10 Day

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The Uterus being the seat of Menstruation has been
disputed by some Physiologists as they imagined that
the Menstrual discharge was from the Vagina but -
experiments on this Head has confirmed that the discharge
is from the Uterus, there is likewise a great Difference
between the Natural blood and menstrual ^{of} Discharge
for the natural blood when Left to Cool will coagulate
but with the menstrual it is visa versa, as it appears
to be nothing but serum with Red particles in it and -
Coagulum lymphæ but in Uterine Hæmorrhages it
is blood now when the time Accretion Draw to a period &
there being more blood in the vessels then Nature requires
the arteries and veins of the Uteri being Distended,
Now where there is a great Deal of blood there is always
much action which Cause a pressure on the Vessels
and Exhaling Arteries and the Effusion takes place but
whether it is the arteries or veins is not Determined the
Branches Nipogastric Vein which arises from the
Internal Ilio and spermatic Vessels and when the
Ilio Leaves the Abdomen it sends out the Sphogastric

which gives vessels to the pudenda when it is called
Cervical, the appendages to the Uterus are the fallopian
tubes Ovaria broad and round Ligament, The fallopian
Tubes are situated on each side of the womb and have a
communication with the womb which will but admit
a Hogs bristle to pass into it, and they have muscular motion
to expell the gelatinous humour, those tubes are subject
to the Dropsey, the Ovaria have a number of irregular sur-
faces in their body supposing to remain from Different
Conceptions but there are the same in Girls they contain
a fluid of a gelatinous nature which is accumulated and
pressed from the Ovaria in Cetue by a stimulating
power and leaves a small hole or vacuum after it which
looks yellow as we see in preparations of all these parts,
The Ovaria — is subject to abses and Dropsey, and in
some of them there is Hair and in others teeth and there
has been found a foetal jaw bone a circumstance that has
happened that the Ovaria has been ossified which has been a
subject of much speculation, if in the place of these solid
substances there should be a Dropsey you must attempt a cure
by tapping, But you must Remember that the water

Is contained in cellulars or sacks which have no communication with one another (a woman in shore Ditch that Labour'd under this Complaint, which ^{& ovarium} contained Thirty Galls of water, Now when the Ovaria is not so much enlarged it may get into the pelvis and be of the utmost consequence in Delivery as it may present before the Head of the Child and stop up the passage, & the Round ligaments passes through the ring of the groin and is lost in the ligaments of the mons Veneris ~~xxxxxx~~.

~~xxxxxx~~ 11 Day ~~xxxxxx~~

It is to be observed that the ligaments of the Uterus is a continuation and Duplicature of the Peritoneum which Extends and Reflects a covering in part to the Uterus Bladder and Rectum. The broad ligaments form as it were two Chambers call'd the posterior & the anterior, the posterior Chamber descends so low that the peritoneum covers the Uterus to the joining of the Vagina to the Uterus and in an acute angle Reflects & runs up covering the Rectum and anterior cavity of the pelvis sometimes the small intestines will Lodge in this Cavity, which cause great pain & disagreeable sensation, the posterior chamber Desends not so low as the ~~an-~~

the neck of the bladder, part of the Uterus and Rectum are not covered with the peritoneum, but it reflects back again and lines the anterior cavity of the abdominal muscles opposite the pelvis now the peritoneum not covering the Neck of the bladder in great suppression of urine a specar may with safety be introduced over the Os pubis without any danger of wounding the peritoneum or filling the Chamber with Urine, by leaving the Cannulae for some time, and the parts will closely adhear to one another without danger and then the canulae might be withdrawn

we next proceeds to Impregnation sexual intercourse or Cotta, the minutes of which being without the sphere of human comprehension all that we know is by Observation of the Effect in consequence of which a great Number theories have been Erected by different Authors, particularly De Graff but it is Certain that an Ovarium in Ovaria must be impregnated when it forms a Turbicle projecting like a nipple but smaller and then this turns and Ensures the fallopian tube in its passage to the Uterus, and the cavity that is left is call'd Corpulution it is thought by some that the fallopian tubes could not ^{be} By the compresion of the Firmoria

act on contrary principles such as to admit and Remit
 but it is well known that it has a peristaltic motion
 to admit and Remit as may be seen by Experimental
 Observations, when this something Escapes the Ovarium
 and the fimbrie Neglects its office in Compressing the
 Ovarium this something fall from the outer orifice of the
 tube into the abdomen and produces what is call'd a Ventricle
 Case and the foetus has Remained in the Abdomen a Consider-
 able time, at other times being Detained in the fallo-
 opian tubes for want of motion or By accident it there
 forms a foetus {as we see in preparations} so that it is
 clear that this something is impregnated. The minutiae of
 of the principles of the first formation, being beyond
 the sphere of Human Comprehension we can only look
 and wonder at Divine Wisdom and with the Psalmist say
 How wonderfull are thy works O God of host and in wisdom
 hast thou made them all {this something collects in the
 tubes and bursts then Escapes through the fallopian tubes
 into the Uterus where it attaches and goes through
 different Revolutions in the formation of a foetus as we
 see from a speck to the full size, this is Natures general plan
 we see
 in prepara-
 tions.

The Navel string is next to be considered as to its length its common Length is 2 feet, if longer you will frequently find a turn or two or more round the Childs Neck and if the Navel string should be too short as there have been some not above six inches, there is Danger of a premature separation of the placenta or a Reversed Uterus by being so suddenly drawn away, or perhaps flooding, the Cord in general is composed of three blood vessels a Vein and two Arteries, which pass in spiral lines and sometimes in half spiral lines from the fetus to the placenta sometimes you will find a knot in the Cord, from Different Evolutions, which is kept from being caught by air in the Cellular membrane, the Cord is covered by the two membranes the Chorion and Amnion but they adhere so close together that they cannot be separated from the Cellular membrane composing the Cord, it is to be observed that there are no Nerves entering the Composition of the Cord, the Imagination and Longing of women as it is called it not to be vice for vice as it is beyond all human Conception.

the
12 Day

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The placenta comes next to be Considered by some Authors it is called the womb cake the seconde the after burden, but in our present practice we shall Confine ourselves throughout the whole Course of Lectures to the term placenta and is that part or substance which forms Communication between the mother and the Child, and is found in most animals but not in the Viparus kind such as vipers &c, as their nutriment is derived from the yolk of a egg from the albumen of a Chick, but what is remarkable is that being oviparous has a placenta

Now in swine or Infidels if you may have each a placenta distinct in general, but it sometimes happens that there is but one in every placenta with two sets of vessels which communicates from fetus to fetus which shewes the necessity of two ligatures not in fear of Utrine Hemorrago but of the other childs bleeding to Death (the placenta is subject to Differnt shape as well as figure) The placenta of a Rabbit is all round the Chorion, and that of a

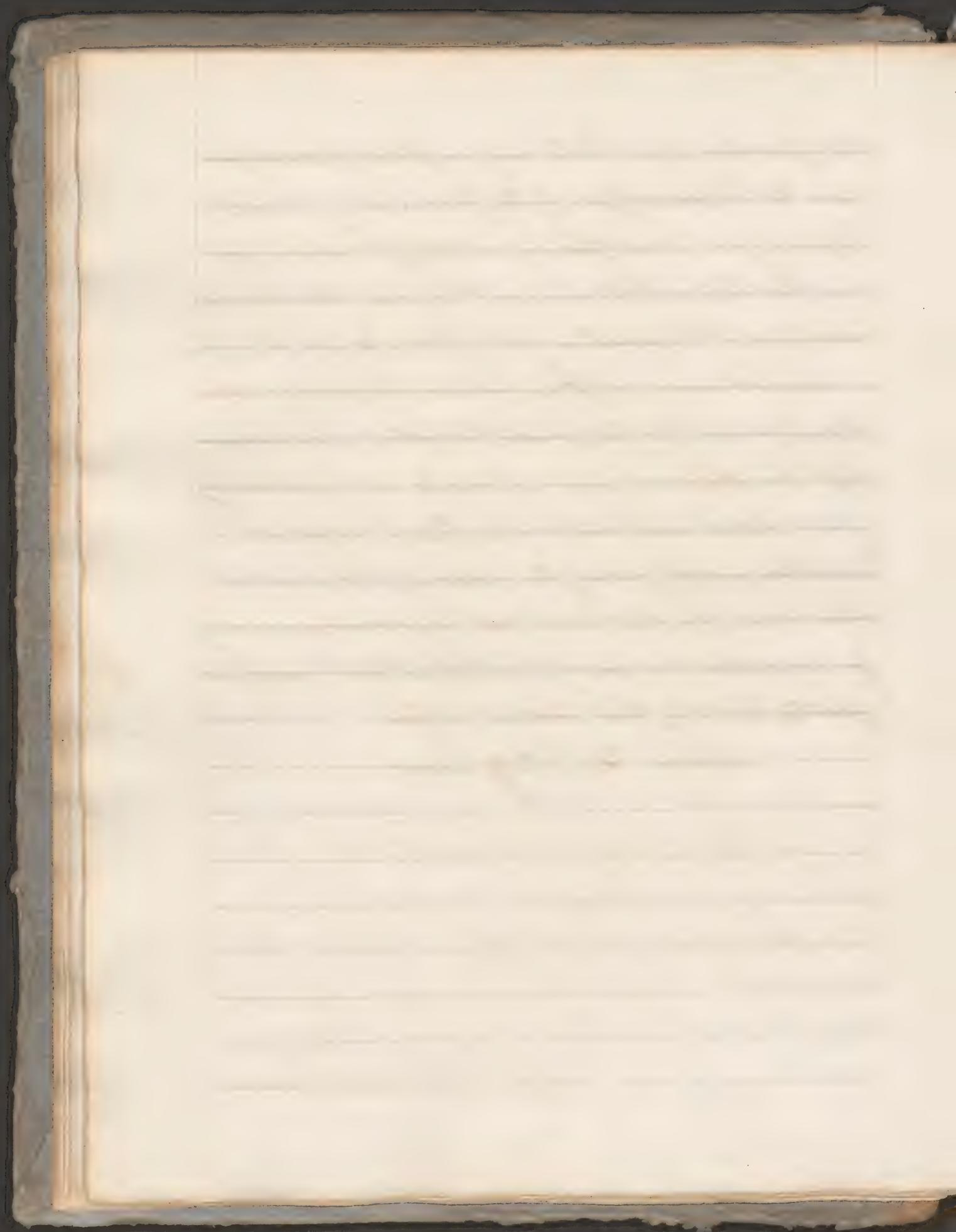
Guinea pig is in form of a button and that in a mare
is like a number of vessels and ramifications
and is a thin membrane which nature has so
ordred that it might not be easy torn away by
violent motion this Animal undergoes when
it trots or gallops, The human placenta has two
surfaces the external which is attached to the Uterus
and the fetal surface where the Cord is inserted the
internal surface that is the parts that are attached
to the Uterus have Concave surface and fissures in
many parts that it may adhere close to the uterus
The external is convex and rather globular, and
branches of the umbilical vessels are spread through
all its substance, The placenta is attached to different
parts of the uterus but most commonly to the fundus
uteri, The Ovum being received in this part, The
placenta is about six inches diameter and one Inch
or Inch and half thick and is a little thinner towards
the circumference, The final cause of the placenta
being attached to the fundus uteri is because the Uterus
is continually increasing in size and expansion

in its body so that it does not effect the fundis, but when attached to the side of the uterus and the exstention is great & consequent it must rend the placenta and open the mouths of the vessels and a violent and conanguous hemorrhage issue. This is about the third or fifth month the veins are situated internally and the arteries externally in the placenta, the structure of the placenta has been but lately understood, for Baren Haller knew not its structure. There appear a number of small fibres or a mass of fibres which are a number of cellular processes with ramifications of arteries & veins which will show by injection it has been thought by some that the placenta is glandular, the placenta consists of two parts one belonging to the mother and the other to the foetus. The foetus's part is vascular processes shooting into the maternal part which is cellular, (as we see in a great number of preparations) and are distinct belonging to each other and their veins and arteries have no communication to each other for if you inject the maternal part it will not

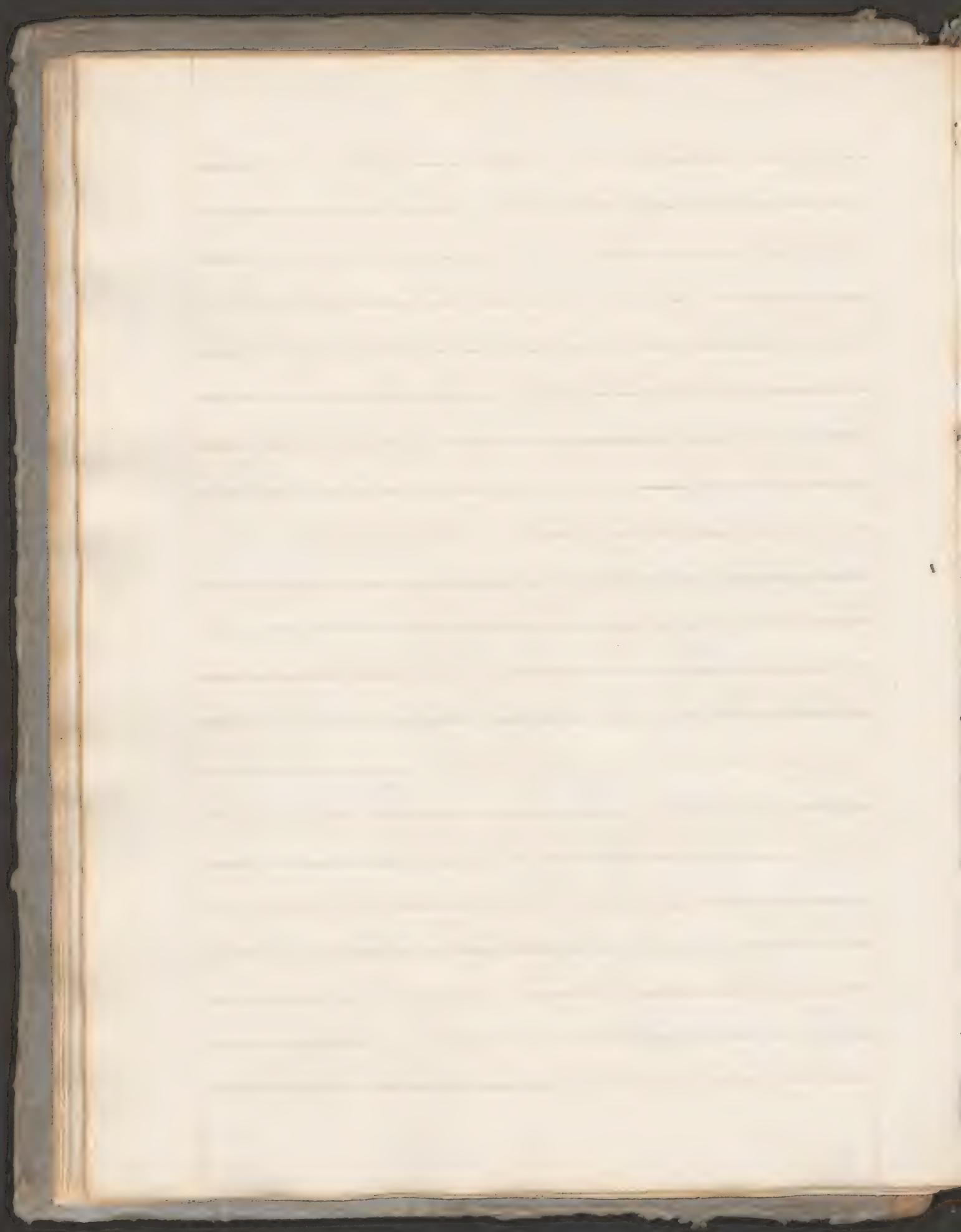
communicate with the foetal part, & so vice-versa
it appears that there must be a double circulation
between the mother & the maternal parts & the foetus's
parts the veins and arteries are divided into a number
of small Branches the Veins part which Unite in one
large tube called the Umbilical Vein which brings
Back the blood to the Child & procreates the Child at
the Navel and from thence passes into the Liver where
it Communicates with the Vena Cava & portarum the
two arteries arises from the internal Vines of the Child
and upon each side of the bladder and procreates the
belly where the Umbilical vein enters then proceed
to the placenta in a spiral line round the vein
in conjunction with them and the Cellular membrane
which form the fons Umbilicus these arteries
together with the umbilical vein do the same office
in the placenta which is afterwards performed
in the lungs by the pulmonary artery & vein
until the Child is delivered and begins to breath
for if you bring away the placenta with the Child
you will find the circulation going on between

The placenta & the Child and no blood will escape from the exterior part of the placenta, if the mother expires from violent flooding and the placenta is not torn the Child will be alive and vigorous. The Internal membrane of the womb is full of Cellulae which contain a mucus & when pressed lubricates the passage of the Mucus or cavity of the womb. The foetal part mixes with the Maternal part and absorbs what is necessary for its Nutrition and to make blood the foetus - vascular process joining the maternal cellular part from whence the absorbent vessels draw what is necessary for nutrition as young trees draw their nutrition from the Earth by their absorbent vessels

xxxx 13 Day xxxx



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Andrew Douglas M.D., his Observation
on that species of hemorrhage which is occasioned by an
Attachment of the Placenta to the Cervix Uteri.

A Discharge of blood from the Uterus during pregnancy
which is always an alarming Complaint becomes Dangerous
when it occurs in the latter months; and is particularly
so when occasioned by an attachment of the placenta
over the Cervix Uteri, this attachment which has been
over-looked by the earlier writers in midwifery in name
of hemorrhage seems to be first taken Notice of Levret,
whall Confine the few Observations I have to offer
to the Case already specified. Viz, the placenta attached
over the Cervix Uteri, till of late it was the received
Opinion that the Cervix Uteri began to dilate about
the third month and continued gradually to stretch
and becomes shorter till the term of gestation was
completed. The late Dr Hunter has enabled us
to form more Clear & Correct Ideas on this subject
His Dissections and accurate Observations Establish
as a fact that the Cervix Uteri Remains Contra-

ct^d taken from the Medical communications volume the first published
in 1784 communications may be addressed to Dr Gray Brit. Museum

ected through its whole length to the seventh eighth or even Ninth Month in none of these cases where I have found the placenta presenting. Could the appearance of flooding be dated earlier then the seventh month in some it did not commence till near the full term at whatever period the dilatation begins it will destroy the first union between the placenta & uterus & a separation will necessarily follow from the vessels whose communications are broken. This, accumulating within the uterus and separating more & more of the placenta will at last be sufficient to overcome the resistance of the Os Uteri & a great Discharge of blood will declare the dangerous situation of the patient. Not that the Danger is always immediate for the Haemorrhage seldom kills by a single shock, but it abates & returns and every return brings an increase of danger. There is no case in which it is of so much convenience that the practitioner should take his measures speedily or in which he is less at liberty to trust to doubtful remedies whenever we are satisfied that no flooding is in consequence of an attachment of the placenta over the Cervix Uteri Delivery should be

Attempted immediately, for could we suppose a case in which notwithstanding the Loss of Blood the powers of the Uterus were undiminished these powers could not be directed to any good purpose, The placenta adhering by its whole circumference becomes a band which strongly resists the Dilatation of the Cervix and at the same time acting as a cushion Interposed between the Child and the os Uteri prevents their ever coming into immediate contact. Hence the woman is deprived of that Stimulus which in other Cases is excited by the pressure of the membranes and Child at the os Uteri, and were the labour pains sufficiently strong to overcome such an Obstacle the danger to the patient would not be diminished by the placenta being first dislodged.

The principal objections to delivering early in utero. hemorrhages are founded on the Rigid and Contracted state of the os Uteri and the danger of Injuring by efforts to Dilate it. It should wish this year is opportune enough as to prevent the Rashy application of Great force but not to Delay or Check the Intention to Deliver when Regulated by gentleness and prudence,

In ~~position~~ near the full term rigidity of the Oſſeum
may not, even at the commencement of the attack, move
any Oſſeum to the introduction of the Hand but
there is not even one instance of recovery where in the
seventh or eighth month there was no resistance to my
first endeavour to Dilate this verry yielding state of
the Oſſeum is to me always an Alarming symptom, it
cannot be considered as the effect of Nitrum action which
in this case if it takes place at all is but an Unusuall
thing we have every Reason to fear that it is in conſequence
of a diminution of vital power from Blood all Readylſt
is therefore becomes of infinite moment to Discourage
every Idea of waiting till the Oſſeum is soft and easy
Dilatable, since it is an event that very ſeldom occurs
all our endeavours can be of no use if Delivery is long
delayed the womb deprived of its energy by the greatness
and conuinance of the Haemorrhage, will not have power
to contract it self when empty and the womb ſo opening
on the internal surface having their Diameters undi-
minished will continue to pour out blood till the woman
is quite expurged, another Argument in favour of opinion

Delivery is the uncertainty of the manner in which different constitutions may be affected by loss of blood - while one survives the effusion of a quantity almost incredible another sinks under a discharge by which we are scarcely alarmed - from the wisdom with which our organs are adapted to perform their various functions; from my own experience and the experience of others and minute observations I am inclined to think that the Os Uteri cannot be so susceptible of injury as has been supposed in many cases of abortion and premature Labour. when thick Riged and Contracted it sustains for many hours, without any bad Consequence the action of the most forcible pair, this species of action must be as great a violence to Nature, as dilation slowly and gently performed by a prudent and cautious operator, and the Circumstance of its being about in the one case by the hard bones of a Childs Head acting on the Os Uteri from within or in the other by the Hand acting without cannot make any essential Difference in its effect upon the parts the cases which I have seen justify me in thinking

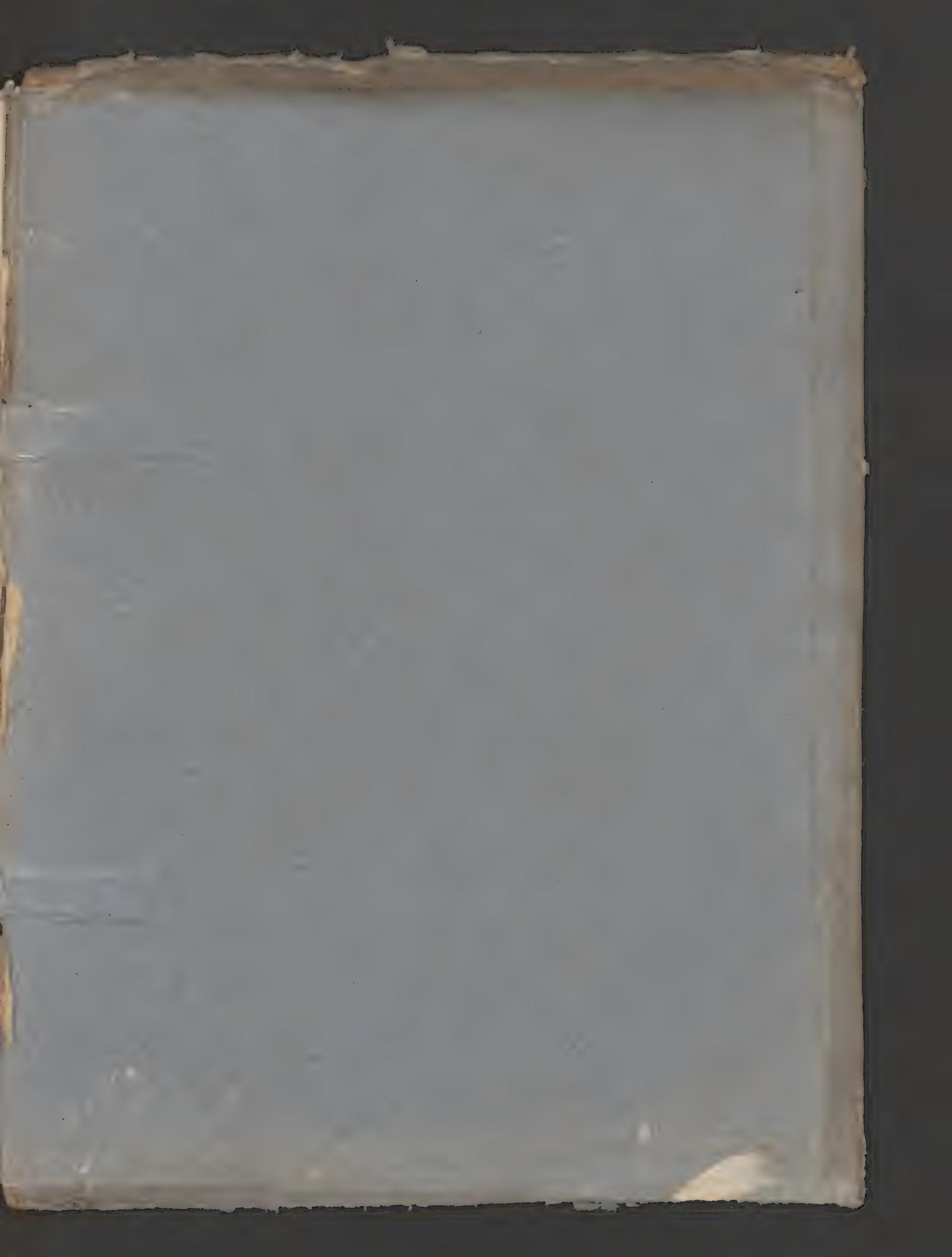
that we ought, on no account, to be Deterred from attempting to Deliver where the Danger is so imminent and certain and the ill consequences apprehended so remote and Doubtfull. Mauriceau La Motte Deventer and others have not expressed much fear of injuring the Os Uteri even by introducing the Hand in the more early months of pregnancy. Le Roux a Respectable modern Author says the Os Uteri is sometimes torn with little inconvenience I was myself Called to In After Delivery to a poor woman who had Evidently suffered this Accident yet she recovered without Haemorrhage, fever or Inflammation and afterward bore several Children. In short I have seen enough to convince me of that Peus Predictions of certain Death in patient from using force to Deliver the Os Uteri is ill founded, that I think in the numerous Stimulatives in os uteri & trusting to the labour pains to Deliver as recommended by Levert & Puzos, cannot be Depended on, in cases where the placenta is attached over the Curvia but that where species of attachment is certain speedy Delivery

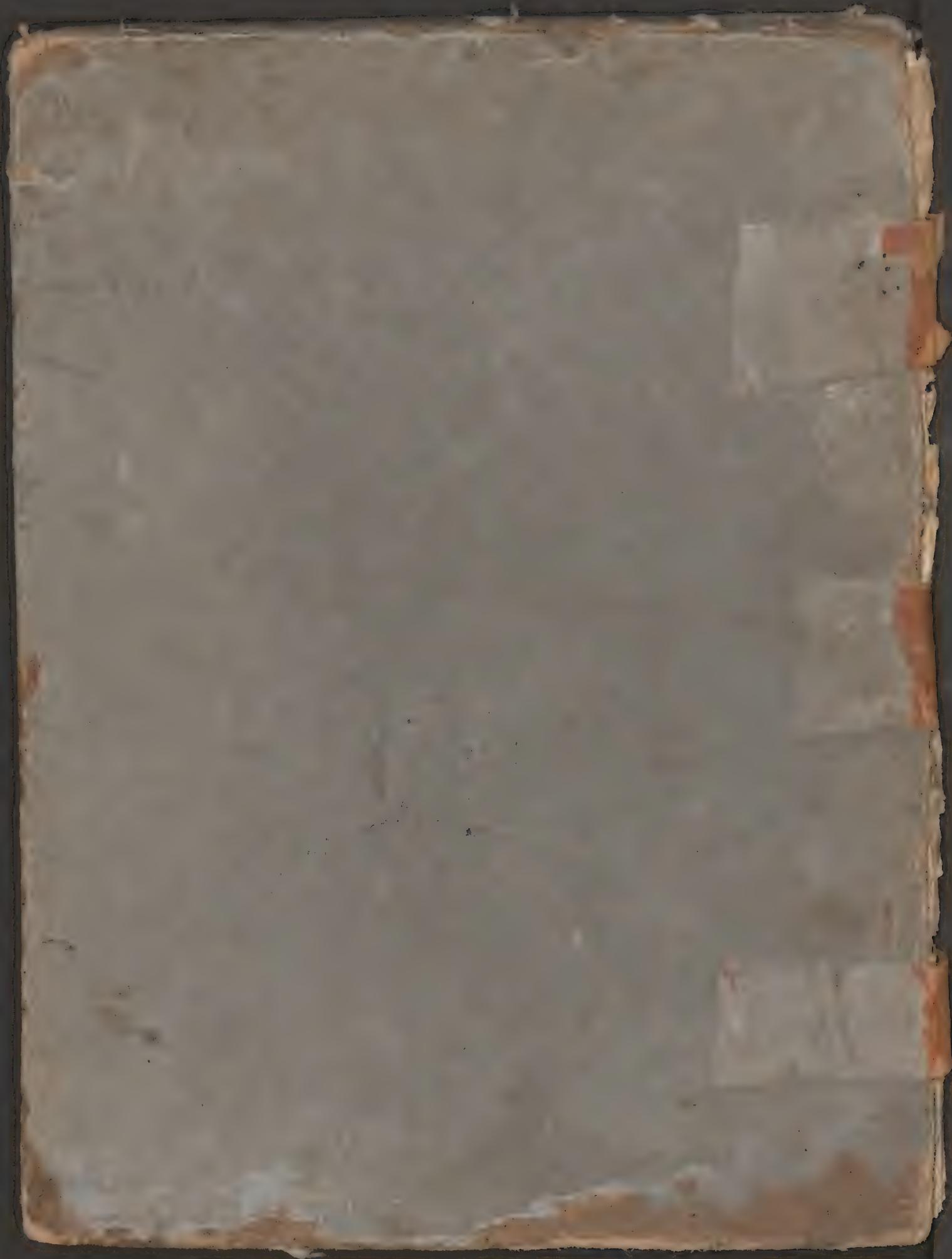
affords almost the only chance of life to the patient
to effect this our efforts to dilate the Os Uteri should be
pursued with gentleness and perseverance and the delivery
very finished by extracting the Child footling as soon as the
hand of the operator can grasp this will happen sooner or
later in different cases even when the circumstances
appear in all respects similar for although the continual
application of some dilating powers may greatly dispose
the Os Uteri to relax yet that relaxation does not even alto-
gether to depend on a mere mechanical cause however
Applied, on the contrary even at the full term when the
natural process has not been precipitated the Os Uteri
will often for a long time resist the strongest action of the
Labour pains and at last yield almost instantaneously,
In Abortion and premature labour the same is to be
perceived in a still greater Degree and in cases of flooding
or convulsions when the Practitioner have persevered even
for hours in his endeavours to dilate with little sensible
Effects it frequently happens that the Os Uteri suddenly
loses its Rigidity becomes soft & Readily admits of the
necessary dilation this is perhaps to be accounted for

from the Stimulus of the Contraction of the Placenta
effects when urged in a certain degree, exciting some
action of the uterus of which Prostivation is an effect
and whether this is to be once a mechanical or a
natural stimulus it is sufficient to encourage us to
conserve our attention that we may be ready to avail our
selves of the first favourable moment. xxxxxxxxxxxx
When the Uteri will admit the hand of delivery being
then in our power it may be finished Directly or in
a gradual way a wish to save the Childs life is the
only inducement to follow the method but the safety of the
mother is more certainly promoted by slowly extract the
uterus, & generally endeavour to bring away the placenta
as soon as possible that I may with more effect introduce
some Tow or Rag moistened with vinegar so as to fill the
vagina This is what Le Roux calls tampon and has
hitherto Answered my expectations in every case in
which I have used it after Delivery xxxxxxxxxxxx
I now have ventured to give my opinion in favour
of an old practice if it has often failed to answer the
purpose for which it hath been recommended many of the

Failures may justly be ascribed to the means having been too long Delayed no one can be moreaverse to Interfering in natures operations. To substitute my own efforts for those of the Constitution but that species of haemorrhage which arises from this Unfavourable Attachment of the placenta does not encourage the smallest hope that the constitutional powers will ever be able to act with any good effect that so Hazardous an operation as forcible Delivery should be undertaken with Reluctance is not surprising the Idea will convey the most alarming sensation to the Patient, & her friends and the crisis must ever be doubtfull, yet the Operator will always be considered particulary unanswerable for the Consequences, but when the Life of a fellow Creature is at stake when little hope is from Nature when the powers of medicine would disappoint us and Endanger our patient by Delay no fear of Censure nor any consideration excepting that of her safety ought to engage our attention for a

xxxx Moment xxxx





The cause of ~~the~~ scrophulous Tumors is from a peculiar
Acidity of the serum ⁱⁿ the Blood
upon the Glands muscles or mem-
branes, ^{there is} ~~when~~ ^{and} mixeth with ^{the} m-
mbers, when it mixeth with ^{the} m-
mbers, however it fixes
congulates and
always diffuses
it, & consumes the Bone

If this acid humor be simple, the Disease is a simple
Struma; ^{but} If joined with a malignity it makes a mixt
humor of the Oedematous kind &c - - -
is meant.
from

Now by Coagulation. ~~Even~~ something distinct from
concretion, which is incident to all other tumors and to
the Serum itself ~~from many other~~ causes. ^{is meant.}

* The small flaps of the neck -

whether it arises from the property of the humor which has coagulat^{ed}
or of the matter itself which is coagulated by this humor, & certain
Acidity of ~~the~~ ^{itself} ~~that~~ ^{itself} ~~itself~~ and sometimes so sharp
as to approach near to the acrum ^{Aqua Fortis;}
in which case the Patient feels violent Corrosions and
Excruciating pain, & the tumor ^{the} itself being apt to degenerate
into a Cancer - or, it may have ^{an} ~~other~~ ^a ~~instance~~ with it, to
make it of a Vitreous or Aluminous Nature; -
all which acidities though they ^{formally} agree in ~~coagulation~~
of Coagulation, yet ^{they} ~~make~~ ^{then} Coagulations very-
unlike each other; The Difference also may be in the
matter coagulated - the varieties of which being infinite
are hard to be recited only I must take notice that
from this latter cause it is that I was forced to put as well
the property of Dissolution as of Coagulation into the
Description of this Disease for though the Acidity be
the same which cometh onto a bone with that which
goeth into the flesh & Glands &c - yet the Matter it works
upon being different that is Marrow (which differs
from ^{all} other Juices of the Body) it doth dissolve & rot it
and also the fibres of the bone it self & let no man
wonder at the contrary effects of the same cause
who observeth the different operations of fire upon Wax
and Clay where it is visible that the Contrariety
of Accidents happens from the Matter & not the different

The like instance may be made in Vinegar which when it is mixed with milk, it ~~changes~~ ^{coagulates} it into a Curd; if put upon an egg, it ~~changes~~ ^{coagulates} it, and Dissolves the ~~white~~ shell but also attenuates ^{it} the white contained in it into a Limpid water; which ~~changes~~ ^{more} ~~it~~ ^{coagulates} notwithstanding, observe to be a body, much ~~after~~ ^{like} to concrete and grow thick than milk itself.

This similitude will hold good of our strumous Acidity, which when it mixed with the serum of the blood it coagulates it, and when it enters into the marrow, though that be of a more compact texture than the serum yet the mixture of this acidity is so far from promoting that Hardness ^{propehys} that it dissolves the consistency it already hath

The immediate cause of the King's Evil I have observed already ^{to be} Viz. the acidity of the serum

but the Remote Causes ~~is in the cause~~ of this
Acidity (to which the Struma owe their origin)
are somewhat ~~difficult~~ ^{hard} to be enumerated, the Heads
to which I shall refer them are these, Air, Diet,
Exercise, Natural Complexion, Hereditary
Affections, Venereal Disease ~~is improperly treated~~ ^{actions of} & treatment
and the Itch not perfectly cured ~~strange as it may~~
~~seem~~ ^{those persons} may beget a scrophulous offspring, weakness
of the mind &c &c

Chilares
Those who are born of intemperate parents are usually
subject to this Disease. They will ~~also~~ require it from
afflictions ~~etc~~ from whose Breast they receive their nourishment
as Diseases, when ~~etc~~ 3

Those who live in an air ~~exception~~ thin & sharp
or very thick and foggy, are ~~more~~ liable to this
disease. Diet of salt ~~water~~ and slimy meats
~~are likewise causes of this disease~~
and want of exercise is a great cause of the
bloods growing acid and slimy

External accidents are often the occasional cause
of the Kings Evil, but they always suppose
a predisposition of the body to it in which case
we often see a blow compression bruise wrench of the
Hip Knee ankle or other joint produce what is vulgar-
ly called White swelling which ~~are soon followed~~
~~by the appearance of the Kings Evil~~

~~Causes of the Kings Evil~~ which arises in
~~the body of the skin~~
If not properly treated will soon produce
a ~~spina~~ Vent ~~or~~ ~~or~~ I cannot help observing
that the application of Blisters or any other stimulant
to those kind of Tumors is like pouring Oil in the fire
To ~~so~~ Extinguish it I should not have made this
Remark were it not that ~~after a great number had~~
~~been ^{die many} ~~incurable~~ from~~
have applied to my ~~for~~ different Hospitals &
Practitioners; have been treated as above, that is, the ~~have~~
the Elbow ankle or whatever joint ~~that~~ is affected with the
White swelling the first application is a Bleeding

* A ~~caries~~ or Rotteness of the Bone from sharp Accidents

or some other Stimulant. Now you ~~that have~~ have informed that they have gone so far as to have fourteen of those Plasters applied as fast as it was possible; as soon as one was healed another was applied immediately. ~~and will be many~~
~~presently to judge for themselves~~ which was the case with one now under my care and after all was turned out of ~~the~~ ^{an} Hospital incurable; and I will venture to affirm that all those stimulating plasters whether Plasters or tinctures Oils or what not of this class, are administered with a little propriety as success; many having been ruined by it and as many sent to the grave. A 5

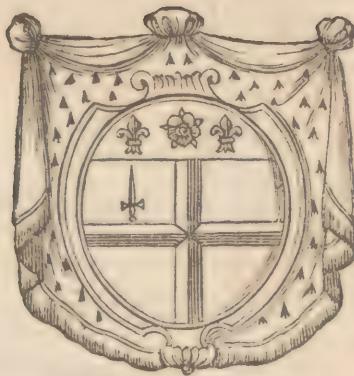
Conditions for curing
all Kinds of scrophulous Tumors on the Joints
commonly called White swellings -

by G. Roberts Apothecary & Midwife
Bridport --

Although it cannot be denied that this Class of Tumors have
baffled the Skill of the most Learned Physicians ever since
the Days of Galen, Mr. Roberts is ready to say that he is able
to cure this Dreadfull Disease in all its stages and
as a proof - the following Cures are inserted --

It has been remarked by most medicinal
Writters, ~~of~~ ^{the} antiquity of medicine
that this Class of Tumors, have
baffled the Skill of the most renowned
Physicians ~~from Galen to the present time~~

Mr. Roberts has the satisfaction to say that
after an intense Application ~~the~~ ^{of} the Study of
Physic, he has at last found a ~~method~~ ^{out, now}
to cure this dreadfull disorder in all
its Stages ~~& the description of Tumors & its vulgar~~
^{name} ~~name~~ ^{misnomer}
that the ignorant may not ^{mislead} vulgar
call these Tumors ~~white~~ ^{swellings} & are generally
named by the white swellings



The TERMS of attending St. THOMAS's-HOSPITAL.

	l. s.
DRESSER for a Year - - - - -	50 : 0
Ditto - - - - for Half a Year - - -	31 : 10
Pupil - - - - for a Year - - - - -	25 : 4
Ditto - - - - for Half a Year - - -	18 : 18
Fees - - - - - - - - - - - - - - - - -	1 : 2

THE Physicians of St. Thomas's-Hospital have taken into Consideration the Necessity of the Surgeons Pupils being instructed in Medicine, as well as in Surgery, the Practice of most of them when they come into Business being principally in Medicine, they have therefore been induced to come to a Resolution of admitting them into the Prescribing Rooms, so they may be able to see and understand the Physicians Practice.

151.
The Terms are Five Guineas, during their Attendance as Surgeons Pupils to St. Thomas's-Hospital.

[Turn over

300. 100. 4

~~200~~
~~100~~
~~100~~
~~100~~

The TERMS of attending the ANATOMICAL LECTURES.

FOR the First Course - - - - -	4 Guineas
- - - the Second - - - - -	3 Guineas
- - - the Third - - - - -	3 Guineas
- - - the Fourth - - - - -	2 Guineas

Each Gentleman who has attended four Courses becomes a perpetual Pupil, without any additional Expence: Or, for seven Guineas paid at once the Subscriber becomes a perpetual Pupil, having the Right of attending the Lectures as long as he pleases.

The TERMS of learning the Art of DISSECTING, INJECTING,
and making ANATOMICAL PREPARATIONS.

FOR a single Course - - - - -	3 Guineas
For two Courses - - - - -	5 Guineas
Perpetual Pupil - - - - -	13 Guineas

For 12 Guineas paid at once the Subscriber becomes a perpetual Pupil to the Lectures, and a dissecting Pupil for four Courses.

Spay blag
P. 106

the Use of the Lever by Robt Bland M.D. Taken from the
Medical Communications Vol second published 1790

as it must necessarily happen that cases, out of the Reach of
the forceps must occur where it would be Dangerous to delay
the Delivery and where it would be barbarous to have recourse to
the Crochet to assist in these cases it is that an Instrument was
wanted easy in its application and powerfull in its Effect, and
such a one is the Lever which may be used with equal safety
and advantage when ever the Head is within its sphere of
action; because the Lever pressing upon the Head of the Child in
one point only on or near the Basis of the Occiput allows it to
Extend itself in every other Direction so as to fill equally and
entirely the cavity of the pelvis which when embraced by the two
blades of the Forceps it is prohibited from Doing ~~any~~.

The cases in which the Lever may be advantageously employed
have so near an affinity with those in which we are under the
Necessity of using the perforator and Crochet being often only
shades or Degrees of the same Obstacle that it is frequently impossible
to determine with Certainty in the commencement of labour which
Instrument it may be necessary to make use of it therefore seems
proper to consider the general progress of a Labour in that Class
which is usually denominated tuberculous that is where the Child
presenting with its head is protracted so slowly and with so much
difficulty that its own life as well as that of the Mother are in

ominant Danger and to prescribe a general method of conducting women through such difficult labours

the woman in labour is to be treated as if suffering spurious pains so long as the os uteri either remains thick rigid & close or after being a little open does not go on to dilating, if she is hot and the vessels are full she must be blooded the bowels must be emptied by glysters small doses of salt Castor Oil or some other fit aperient and at night a sufficient dose of St Oppi should be given to procure sleep and rest, the diet in the mean time must be regulated and the air of the room kept cool and the woman must be admonished not to strain during the pains but leave them to exert their natural force and this process must be continued until the os uteri and os sacrum are so relaxed as to admit easily the passing of two or three fingers or the hand if necessary into the vagina to examine the situation of the head of the child and to examine the capacity of the head of the child in the pelvis if the head of the child is found still resting above the brim of the pelvis a portion of the scalp only - or a very small part of the bony casque, being thrust down through that straight which is found to be preternaturally narrow the os sacrum projecting and approaching to near the pubis there can be little hope a child passing through alive under such circumstances and through such a pelvis the soft parts of the woman are now prepared and the sooner we begin to deliver by opening the head of the child and extracting it with the crooked with the greater success and advantage to the woman (whose safety is now alone to be consulted) will the operation be terminated

But if half or the major part of the skull has been forced through the brim of the pelvis and notwithstanding the continuance of the labor pains remains firmly wedged there making no progress or only an almost insensible one for the space of four or five hours, in whatever position it may offer we must proceed to deliver with the lever lest by longer waiting the pains should flag or cease, whether or not the woman be exhausted the discharges from the vagina should become putrid and acrid, and in fine inflammation or fever takes place which afterwards it will be out of our power to remove or prevent the effects of - but if we should begin to operate before the period is over there would be danger of lacerating the perineum and of bruising or injuring the vagina or the uterus itself particularly if it be the first child and this danger will be greater when using the forceps than the ~~less~~ lever

but it may be asked are we in all cases to proceed to deliver with instruments as soon as the parts of the woman are so far relaxed as to afford a passage to the head of the child how long we may wait after this period before there is danger of inflammation or some dreadfull mischief it is impossible by any fixed rule to determine as that will be very different in different constitutions some women will bear the continuance of violent pain several days without material mischief whilst others will be hurried into fevers or convulsions at the end of a few hours only in general with the first children are soonest injured and when the head of the child is pressed into the pelvis as to deny egress to the urine the danger is imminent, but will be sufficient to have pointed out when the lever may be used or at what period it may be used with safety

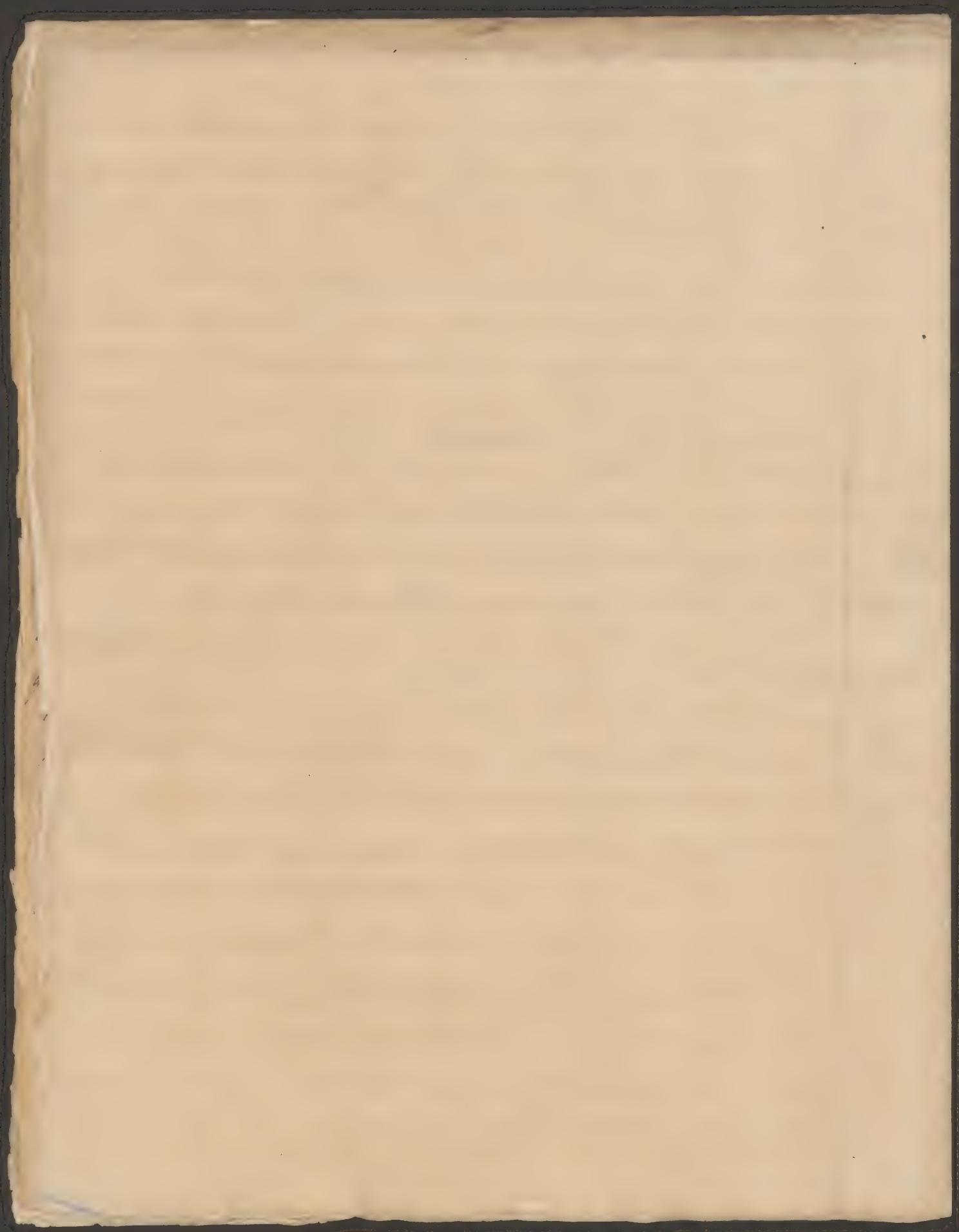
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The Practitioner will determine in each particular Case from his Knowledge of the Constitution of the patient & from the Circumstances before him, the Head of the Child being sufficiently to afford a reasonable hope of success with the Lever the woman is to be placed on her Left side as in a natural Labour when one or two fingers of the Right Hand must be introduced between the pubis and the Head of the Child where ever there is most Room (which will be generally on one side of the symphysis of the pubis) with the Back of the fingers to the pubis when the End of the Lever anointed with Sard must be gradually insinuated between the Head of the Child and the ~~four~~^{two} fingers with which also the Instrument must be guided until it has passed the Os internum, then the fingers must be withdrawn and the hand turned with violence, ^{up} along until it finds a part so red upon which will generally be found or upon the mastoid process, the temporal bone or on the basis of the Occiput, and according as the Head of the Child is more or less obliquely situated in the womb in other words, as the Occiput of the Child is nearer to, or farther from the pubis the stem of the Lever will bear either against the pubes or the Ischium taking now the Handle of the Lever in his Right hand the Accoucheur must during a pain turn it gradually over the pubes and abdomen of the woman his Left hand at the same time pressing Downe the middle of the Lever which it affords a fulcrum thus preserving the parts immediately under the pubes from injury on the pains ceasing he must Rest and renew his efforts ~~every~~ ^{every} time with each returning pain which if tardy he may excite by a slight motion of the Instrument until he finds

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The Head of the Child pushing out the Perineum which must be guarded and supported with the Left hand, now no longer wanted to press down the Center of the Lever continuing to use the handle of the Lever with his Right hand until the Head has so far -
Crossed the ~~floor~~ the external passage that he is sure every obstacle to the Birth is removed when the Lever may be slowly withdrawn these directions must however be varied to suit the different positions in which the Head of the Child might offer for when the Head of the Child presents Transversely one ear being to the pubes and the other to the sacrum the Lever must be introduced obliquely across the pubes passing it ~~from~~ that side of the lever to which the face is Directed to the opposite side, so that the point of the Lever may be made to rest behind the ear or upon the Occiput of the Child when the face of the Child presents, if the Chin points to the sacrum the Lever must be introduced in the manner already Directed either immediately under the symphysis of the pubes or a little to the Right or Left of it according as the face inclines either way if the chin is turned to the pubes which is I believe most usual position in face presentations or if the face is turned to the sacrum the lever must be introduced along the sacrum in this position Should prefer the lever with a long Curve, although in this case also I have succeeded with my common ~~long~~ Lever other positions in which the Head of the Child may present might be described, but as they would require only a trifling deviation from the Rules here laid Down it seem not necessary to mention them those who desire a more particular Acc^d of them will be abundantly compensated by consulting M. Herbiniaux's book on the subject,

from the above I think I am ⁶ authorized to conclude that the knowledge of the manner of employing the Lever may be acquired with greater ease than that of the forceps and of the actions of these two Instruments be compared the pre-eminence of the Lever will be found to be still more considerable and obvious for the Lever touching the Head of the Child in one point only, neither alters its shape nor offers any impediment to its making that turn which we always find it taking in a natural Labour the forceps on the contrary by pressing the Head on each side and diminishing its bulk in one direction encreases it in the opposite and by being moved from blade to blade the only motion they admit without slipping ~~is~~ necessarily alter the Route the Head should take when the Lever is used the perineum is pushed out in form of a humor before the Os Externum is in the least stretched as in a Natural Labour with the forceps the Os Externum is stretched by the junction of the two blades as soon as the Head begins to descend and before it enters the hollow of the sacrum and enlarges the perineum, perineum consequently much more skill and address is required in managing the forceps, to avoid hurting the perineum than in using the Lever I could pursue the parallel farther but I think the above is sufficient to prove what I professed to show that considerable advantage will accrue from introducing the Lever into general practice instead of the forceps.



Eau pour fortifier la vue -

On fait dissoudre dans un Demi-litre d'eau de rivière 30 centigr. de sulfat de zinc (couperon blanche) et 1 gramm 35 centigr. de racine d'iris de Florence en poudre.

On bouché la bouteille que l'on met dans un endroit frais.

Ce préparation se trouve achetée après 8 h. heure ; on la passe à travers de la tissu ; on l'omplie en faisant l'eau dans un petit bassin dit œillier, rempli de cette eau.

Autre, dite Eau de bleuet.

Cette eau est dit on téttement favorable à la vue - qu'on l'a surnommé l'œil bleu.

Fleuret de bleuet avec leur calice 60 grammes. On les broie et on les fait macer pendant 24 heures dans un litre d'eau, puis on fait distiller à un feu Désabbes modéré.

L'eau de bleuet est regardée comme un excellent remède contre l'inflammation des paupières, elle y possède la propriété de fortifier la vue et d'embellir le teint.

On l'omplie comme l'eau de zinc ci-dessous.

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Pr-

Pr-

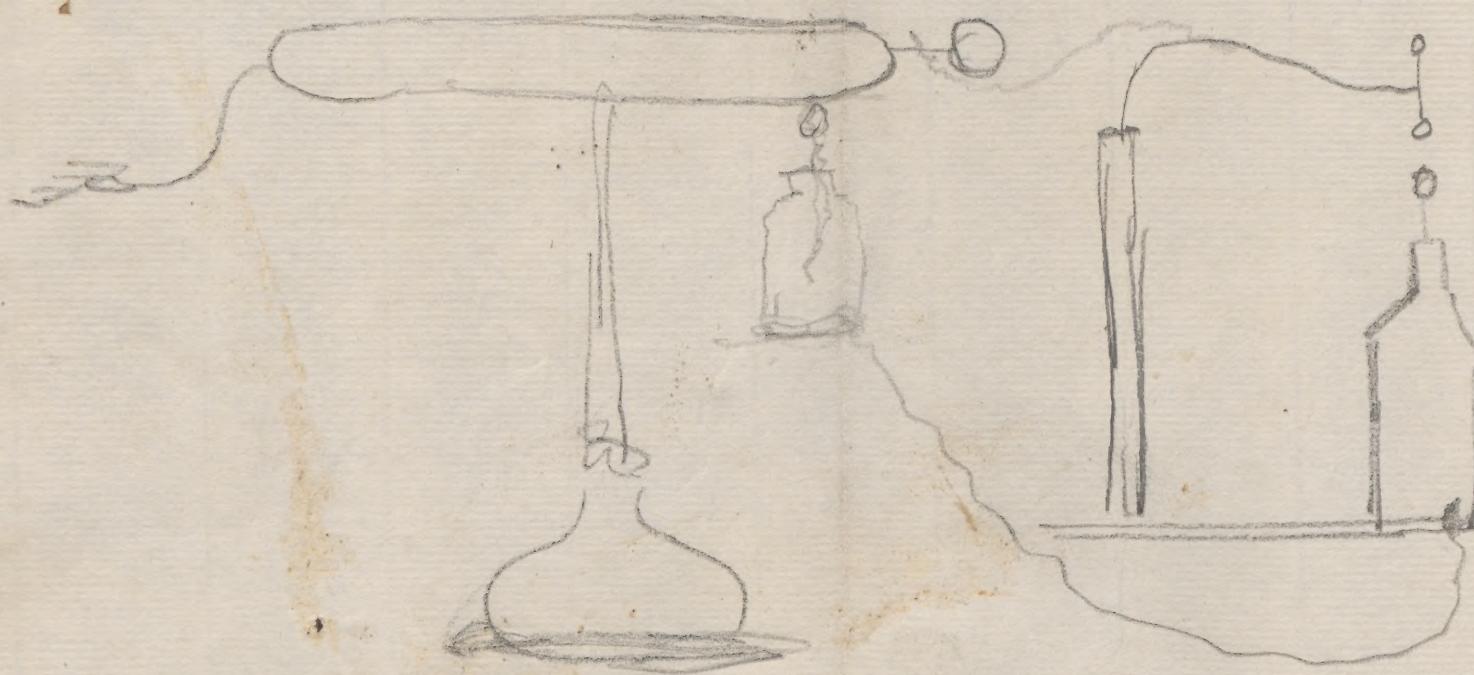
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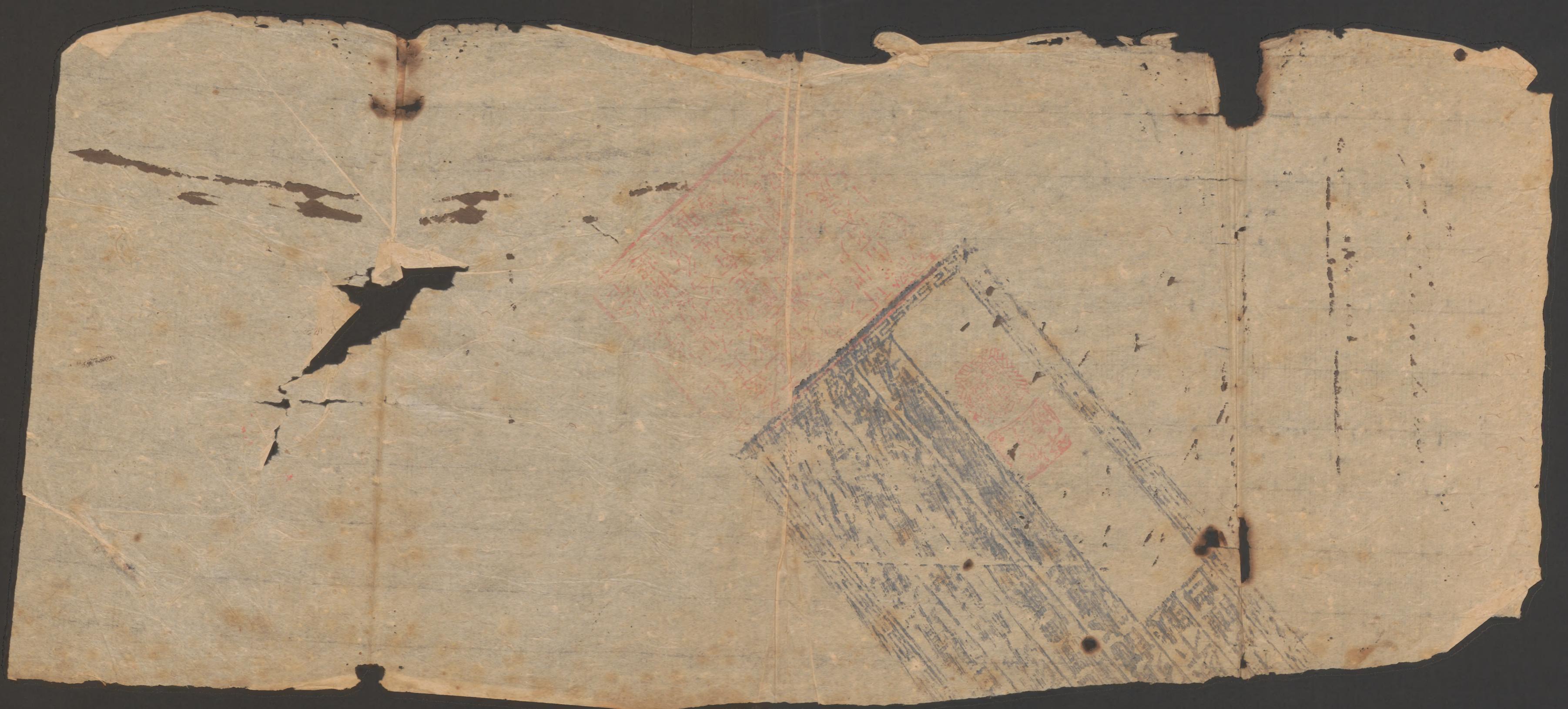
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London Lenm' 110

June







Take two parts of mercury, one of zinc and one of tin. The zinc and the tin are to be fused and mixed together with the mercury; and the mixture agitated in a wooden box, internally rubbed with chalk. The mass is then to be reduced to a fine powder, and employed in that state, or mixed with grease. The effect of this amalgam is surprising; for by this means the power of electrical machines is inconceivably augmented.